## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective JANUARY , 2003 CLAIMS AS FILED - PART I

	<u></u>			SMALL ENTITY TYPE				OTHER THAN SMALL ENTITY				
	TOTAL CLA	IMS		(Column 1) (Column 2)				RATE F			SMAL	
	FOR		NUM	BER FILED	NUMBER EXTRA		BASIC		7 <b>5</b> :00			
	TOTAL CHAR	GEABLE CLAIM	ıs	minus 20=	*	-	\			OR		
$\parallel$	INDEPENDEN	T CLAIMS		minus 3 = *			X\$ :		OR	X\$18≃		
	MULTIPLE DE	PENDENT CLAIN	 M PRESENT					!=		OR	X <b>8%</b>	1
1	* If the differen			+140	)=	İ	OR	+280=				
	The differen	nce in column 1		TOTA	AL.		OR	TOTAL	1			
l		CLAIMS AS			OTHER THAN SMALL ENTITY OR SMALL ENTITY							
lr,	9	(Column 1 CLAIMS	3)	SMAL			OR r	SMALL	ENTITY			
AMENDARENTA		REMAINING AFTER AMENDMEN		PREVIOU PAID FO	ISLY EXTRA	r 	RATE	AD TIOI FE	VAL		RATE	ADDI- TIONAL FEE
	Total	* 19	Minus	1 × 24	=	],	X\$ 9=		c	)R	X\$18=	
AM	Independen FIRST PRE	SENTATION OF A	Minus MULTIPLE D	EPENDENT C	LAIM P	1	X42=			B	X86=	
-		<u></u>	·	·			+140=		0	R	+280=	
							TOTA ADDIT. FE			<b>-</b> Դ Ռ	TOTAL DIT. FEE	
r <del>.</del>	Charles Will American	(Column 1)	be a sure sure sure sure sure sure sure sure	(Column			(ODIT: 1 C	- <b>L</b>		AL	OH. FEEL	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT EXTRA		RATE	ADD TION/ FEE	4L		RATE	ADDI- TIONAL FEE
Q N	Total	* 4	Minus	**	=	11	X\$ 9=		OF		(\$18=	
AME	Independent	*	Minus	***	=	1	X42=	-	$\dashv$	<u>`</u>  _	<8 <b>6</b> =	
	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT CL	AIM .	] <del> </del> -	7(42-	ļ	— OF	1	NOD =	
		- <del>***</del> *		•		L	+140=	·	OR	+:	280=	
		į.				ΑC	TOTAL DDIT. FEE	<u> </u>	OR	ADD	TOTAL IT. FEE	
7		(Column 1) CLAIMS		(Column 2 HIGHEST	) (Column 3)	1						
)		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		R		ADDI- IONAL FEE
: }-	Total	*	Minus	**	=	;	X\$ 9=		OR	X	\$18=	
·  -	Independent	<u> </u>	Minus	***	=		X42=	-		36		
1.	moi PHESE	NTATION OF MU	LTIPLE DEP			OR						
lf t	he entry in colum	in 1 is less than the	entry in colun	140=	-	OR		80=				
The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ADDIT. FEE ADDIT. FEE ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			14	minus	20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3	minu	s 3 =	*			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								]	+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL/	760
· . ·	С		IS AS AMENDED -			PART II (Column 2) (Column 3)			SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENTA	X. III.	CL REM A	AIMS AINING FTER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	N OF M	Minus	**		=		X39=		OR	X78=	
	FINOT PRESE	NIAIIC	DIN OF MI		PEN	DENT CLAIN	<u>n</u>	<b>'</b> [	+130=		OR	+260=	
1	•	٠.	•				•	-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDIMENT			PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	1	Minus	**	W.	=	IJ	X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	N OF M	Minus	**	<u> </u>	=		X39=		OR	X78=	
	··	III AIR	DIA OL IVII	JETIFLE DE	FENL	DENT CLAIN			+130=		OR	+260=	
								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1) AIMS			Column 2)	(Column 3)						
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAJD FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• ](	0	Minus	**	20	=		X\$ 9=		OR	X\$18=	
AME	independent	* 4		Minus	***	( <u>)</u>	=		X39=	·	OR	XX8=	do
	FIRST PRESE	NIATIC	IN OF MU	JLIIPLE DE	:PEN[	DENT CLAIN	1	╵┟	+130=	<u>.                                    </u>	OR	+260=	OY
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in reduction.										810			

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